
ADVANCE PAYMENTS
AND
REIMBURSEMENTS
FOR THE
COST OF HOMICIDE TRIALS
STATE OF CALIFORNIA
May 1, 2006



STEVE WESTLY
STATE CONTROLLER

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INTRODUCTION

The Legislature of the State of California provides assistance to counties conducting homicide trials. The purpose of the legislation is as follows:

1. To provide uniform administration of justice throughout the state;
2. To prevent homicide trials from being hampered or delayed due to lack of funds available to counties for such purposes;
3. To avoid requiring a county to bear the entire cost of a trial involving a homicide if such cost would seriously impair the finances of the county; and
4. To provide for state assistance to counties in emergency situations.

State assistance is available in accordance with *Government Code* Section 15202 (as amended by Chapter 127, Statutes of 2000). The county may apply to the State Controller's Office (SCO) for reimbursement of costs of a trial or trials or hearing of a person for the offense of homicide. Once the aggregated costs of a trial or trials reach a determined threshold limit, the trial or trials may qualify for reimbursement. Costs that exceed the threshold limit are reimbursable. This threshold limit is the amount of money derived by the county from a prescribed property tax.

Advance payment to smaller counties is available in accordance with *Government Code* Section 11019.5 (as amended by Chapter 422, Statutes of 1989) for expenses that are reimbursable under *Government Code* Section 15202.

The SCO adopted rules and regulations for the reimbursement of homicide costs in accordance with *Government Code* Section 15204. These rules and regulations are found in Subchapter 2.5, Sections 1020.2 to 1023.5, Title 2, *California Code of Regulations*.

REQUEST FOR ADVANCE PAYMENTS

Pursuant to *Government Code* (GC) Section 11019.5, counties with a population of 150,000 or less as of January 1, 1983, may request advance payments from the SCO for homicide trials that are reimbursable under GC Section 15202. Eligible counties are as follows.

Alpine	Lake	Plumas
Amador	Lassen	San Benito
Calaveras	Madera	Shasta
Colusa	Mariposa	Sierra
Del Norte	Mendocino	Siskiyou
El Dorado	Merced	Sutter
Glenn	Modoc	Tehama
Humboldt	Mono	Trinity
Imperial	Modoc	Tuolumne
Inyo	Nevada	Yolo
Kings	Placer	Yuba

1. Requests for advance payments covering the annual cost of homicide trials must include the following:

- a. Approval by the County Board of Supervisors indicating the need for advance payments. Submit a copy of the Board's minutes containing the authorization for the county to request advance payments; and
- b. Annual Applications for Advance Payments, Form FAM-44 (page 18).

Annual applications for advance payments should be submitted to the SCO by July 1 of each year. Submit three copies of the application form and two copies of the supporting data (i.e., Items 1.a., 1.c., and 1.d.). The amount of funds requested should be rounded to the nearest dollar. Applications and related correspondence should be sent to the addresses below.

If delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursement Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursement Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Telephone (916) 324-5729
FAX (916) 324-6527

- c. Annual Applications for Advance Payments/Estimated Homicide Trial Costs, Form FAM-44A (page 20), showing the amount of funds requested and how the amount was derived.
- d. A statement explaining why the county is in need of advance payments in order to conduct a trial or trials. The county's financial position should be taken into consideration. Attach, as applicable, a copy of the following documents to support the statement:
 - Financial Statement;
 - Budget Report; and
 - Other relevant financial documents.

2. The SCO will determine whether the need for advance payments is essential in order for the county to conduct a trial or trials. The amount of funds requested may be based on, but not limited to, the information that is required of the county in Item 1.
3. Upon SCO approval, the SCO will make an initial advance payment covering the months of July through the month of the claim approval. Subsequent monthly advances will not exceed a 1/12 limitation of annual reimbursement needs. Such payments will be issued at the first of each month.
4. The SCO will pay all approved claims within 60 days of receipt. If the payment is delayed, the SCO will provide a written statement to the claimant explaining the reasons for not making payment within the specified time.

It is difficult to predict the number of applications for advance payments or reimbursement claims that will be filed during any fiscal year. If the budgeted appropriation for this program is insufficient, the SCO will pay claims in the order of receipt. When additional funds are appropriated, the remaining claims will be paid.

5. Account balances for advance payments will be reviewed annually as reimbursement claims are submitted. Refer to page 18 for the required form (FAM-44). Advances will be adjusted to actual costs. Any difference between actual costs and monies advanced at the end of the fiscal year would be the balance due to the county from the State or the amount owed by the county to the State.

An amount owed by the county to the State may be carried over and applied against the next year's advances. However, the SCO may, if necessary, withhold the amount owed by the county from any State payments that are due to the county.

6. The SCO will conduct audits as deemed necessary. Documentation should be retained for audit purposes for a period of no less than three years from the date of the final payment.

FINAL RECONCILIATION CLAIM

1. **Within six months after the date of completion of a trial, counties must submit the final reconciliation claim to the SCO.** Refer to pages 35-37 for required forms (FAM-45-1 and FAM-45F).

REIMBURSEMENT CRITERIA FOR A TRIAL OR TRIALS

Each homicide trial or hearing for which a county is responsible may provide a basis for reimbursement to the county. The population of the county determines the percentage of reimbursement a county is eligible to receive.

Counties With a Population Exceeding 300,000

Counties with a population exceeding 300,000 as of the 1980 Decennial Census are as follows.

Alameda	Orange	San Francisco
Contra Costa	Riverside	San Joaquin
Fresno	Sacramento	San Mateo
Kern	San Bernardino	Santa Clara
Los Angeles	San Diego	Ventura

Pursuant to *Government Code* (GC) Section 15202(c), the above counties may apply to the SCO for 80% of the "costs incurred by the county," as defined in GC Section 15201, in excess of the amount of money derived by the county from a tax of 0.00625 of 1% of the full value of property assessed for purposes of taxation within the county. Once these costs exceed 0.0125% of the full value of property assessed for purposes of taxation within the county, the county may receive 100% reimbursement of its subsequent costs.

The costs aggregated to arrive at the threshold amount, and the costs for which reimbursement may be paid, shall not include any normal salaries and expenses.

When a county meets the requirements prescribed by GC Section 15202(c), the county is entitled to reimbursement of total actual costs in excess of the amount of money derived from a tax of 0.0125 of 1% of the full value of property assessed if a trial cost exceeds 0.0125 of 1% of the full value of property assessed per GC Section 15202(d).

The Claim for Reimbursement, form FAM-45D, shown on page 31, is to be submitted with the claim for reimbursement.

Counties With a Population of 300,000 or Less

Counties with a population of 300,000 or less as of the 1980 Decennial Census are as follows.

Alpine	Madera	Santa Cruz
Amador	Marin	Shasta
Butte	Mariposa	Sierra
Calaveras	Mendocino	Siskiyou
Colusa	Merced	Solano
Del Norte	Modoc	Sonoma
El Dorado	Mono	Stanislaus
Glenn	Monterey	Sutter
Humboldt	Napa	Tehama
Imperial	Nevada	Trinity
Inyo	Placer	Tulare
Kings	Plumas	Tuolumne
Lake	San Benito	Yolo
Lassen	San Luis Obispo	Yuba
	Santa Barbara	

Pursuant to *Government Code* (GC) Section 15202(a), the above counties may apply to the SCO for 90% of the "costs incurred by the county," as defined in GC Section 15201, in excess of the amount of money derived by the county from a tax of 0.00625 of 1% of the full value of property assessed for purposes of taxation within the county.

This threshold must be met only once for each case. The costs aggregated to arrive at the threshold amount, and the costs for which reimbursement may be paid, shall not include any normal salaries and expenses.

When a county meets the requirements prescribed by GC Section 15202(a), the county is entitled to reimbursement of total actual costs in excess of the amount of money derived from a tax of 0.0125 of 1% of the full value of property assessed if a trial cost exceeds 0.0125 of 1% of the full value of property assessed per GC Section 15202(d).

The Claim for Reimbursement, Form FAM-45A, shown on page 24, is to be submitted with the claim for reimbursement.

Counties With a Population of 200,000 or Less

Counties with a population of 200,000 or less as of January 1, 1990, are listed as follows.

Alpine	Kings	Plumas
Amador	Lake	San Benito
Butte	Lassen	Shasta
Calaveras	Madera	Sierra
Colusa	Mariposa	Siskiyou
Del Norte	Mendocino	Sutter
El Dorado	Merced	Tehama
Glenn	Modoc	Trinity
Humboldt	Mono	Tuolumne
Imperial	Napa	Yolo
Inyo	Nevada	Yuba
	Placer	

The Legislature has authorized special assistance for the homicide trial costs incurred by the above counties since January 1, 1991. This special assistance is available for the cost of activities undertaken following the filing of an indictment in the superior court.

Pursuant to *Government Code* (GC) Section 15202(a), a county may apply to the SCO for 90% reimbursement of the "costs incurred by the county," as defined by GC Section 15201, in excess of the amount of money derived by the county from a tax of 0.00625 of 1% of the full value of property assessed for purposes of taxation within the county.

This threshold must be met only once. Reimbursement may be paid in the fiscal year in which the county satisfies the threshold requirement and shall not include any normal salaries and expenses.

If a county is reimbursed for only one trial within a fiscal year pursuant to GC Section 15202(a), subsequent fiscal years reimbursement may include normal salaries and expenses under GC Section 15202(b)(2).

When a county meets the requirements prescribed by GC Section 15202(b)(2), the county is entitled to reimbursement of total actual costs in excess of the amount of money derived from a tax of 0.0125 of 1% of the full value of property assessed if a trial cost exceeds 0.0125 of 1% of the full value of property assessed per GC Section 15202(d).

If the county is responsible for two or more trials within a fiscal year, it may, under GC Section 15202(b)(1), combine the costs of the trials in order to reach the threshold amount. Once the threshold is met, the county receives 90% of the costs of the first trial and 85% of the costs of the second and subsequent trials. In reaching the threshold, normal salaries and expenses may be included in the costs incurred by the county, and such costs will be eligible for reimbursement. However, the county must satisfy the threshold for each fiscal year in which it applies for assistance under GC Section 15202(b)(1).

The examples on the following pages illustrate how GC Section 15202 operates with regard to small counties in a variety of practical situations.

Example 1.

	Fiscal Year 1	Fiscal Year 2
Trial A	90% in excess of current threshold (0.00625 of 1%) excluding normal salaries and expenses	90% of costs including normal salaries and expenses

A county may apply for reimbursement of costs incurred for one trial only in Fiscal Year 1 pursuant to GC Section 15202(a). Prior to reimbursement, the threshold amount must be met with costs excluding normal salaries and expenses.

When the threshold amount is met in Fiscal Year 1, costs in excess of this amount, excluding normal salaries and expenses, are reimbursable at 90% pursuant to GC Section 15202(a). In Fiscal Year 2 and subsequent fiscal years, costs, including some normal salaries and expenses, are reimbursable at 90% per GC Section 15202(b)(2).

The Claim for Reimbursement, form FAM-45C, shown on page 29, must be submitted with the claim for reimbursement.

Example 2.

	Fiscal Year 1	Fiscal Year 2
Trial A	90% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses	90% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses
Trial B	85% of costs	85% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses

In this particular example, a small county with Trial A and Trial B elected reimbursement pursuant to GC Section 15202(b)(1) rather than GC Section 15202(a). In Fiscal Year 1, Trial A met the threshold before Trial B commenced. The first trial, Trial A, is reimbursable at 90% of costs, including normal salaries and expenses, in excess of the threshold. The second trial, Trial B, is reimbursable at 85% of costs.

In Fiscal Year 2, the county would need to meet the threshold again, as it did in Fiscal Year 1. Once the combined costs equal the threshold, costs incurred during the remainder of the Fiscal Year 2, including normal salaries and expenses, may be reimbursable. Trial A is reimbursable at 90% of costs and Trial B is reimbursable at 85% of costs.

The Claim for Reimbursement, form FAM-45B, shown on page 26, must be submitted with the claim for reimbursement.

Example 3.

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3
Trial A	90% in excess of current threshold (0.00625 of 1%) excluding normal salaries and expenses	90% of costs including normal salaries and expenses	90% of costs including normal salaries and expenses
Trial B		90% in excess of current threshold (0.00625 of 1%) excluding normal salaries and expenses	90% of costs including normal salaries and expenses

Trial A satisfies the threshold in Fiscal Year 1 pursuant to GC Section 15202(a). For the balance of that fiscal year, its costs, excluding normal salaries and expenses, are reimbursable at 90%. In the subsequent fiscal year, pursuant to GC Section 15202(b)(2), its costs would be reimbursed at 90%, including normal salaries and expenses.

Trial B commences in Fiscal Year 2 and satisfies the threshold in that year. For the balance of that fiscal year, its costs, excluding normal salaries and expenses, are reimbursable at 90%. In the subsequent fiscal year, its costs would be reimbursed at 90%, including normal salaries and expenses.

When a county elects reimbursement for a trial pursuant to GC Section 15202(a), costs incurred in all subsequent fiscal years for the trial must be reimbursed pursuant to GC Section 15202(b)(2). In this example, the SCO must reimburse Trial A in Fiscal Year 2 at 90%, including normal salaries and expenses. The county does not have the option of combining the costs of Trials A and B pursuant to GC Section 15202(b)(1) to meet the threshold for Trial B, or receiving 90% reimbursement for Trial A and 85% for Trial B.

In its reimbursement claim for Trial A in Fiscal Year 1, the county must include the Claim for Reimbursement, form FAM-45C, shown on page 29; the county should also use this form in subsequent years.

In its reimbursement claim for Trial B in Fiscal Year 2, the county must include the Claim for Reimbursement, form FAM-45C, shown on page 29; the county should also use this form in subsequent years.

Example 4.

Fiscal Year	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3
Trial A	90% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses	90% in excess of current threshold (0.00625 of 1%) excluding normal salaries and expenses	90% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses
or			
Trial B	85% of costs including normal salaries and expenses	90% in excess of current threshold (0.00625 of 1%) including normal salaries and expenses	

In this example, Trial A and B have met the threshold in Fiscal Year 1 and the county has elected GC Section 15202(b)(1) as the method of reimbursement. Trial A costs, in Fiscal Year 1, are reimbursed at the 90% rate, and Trial B costs are reimbursed at 85%, including normal salaries and expenses. The county must use the Claim for Reimbursement, form FAM-45B, shown on page 26.

In Fiscal Year 2, Trial B concludes. It may have concluded before or after the threshold has been met for the combined costs of the two trials. (Remember, under GC Section 15202(b)(1) the threshold must be met annually.) If the threshold has been satisfied, then Trial A may be reimbursed at 90% including normal salaries and expenses. If the threshold has not been satisfied, then Trial A must satisfy the threshold itself under GC Section 15202(a). This means that normal salaries and expenses may not be included in the expenditures applied toward the threshold. However, costs from previous fiscal years, excluding normal salaries and expenses, may be aggregated in calculating the expenditures. The county must submit the Claim for Reimbursement, form FAM-45B, shown on page 26.

If Trial A satisfies the threshold in Fiscal Year 2, then its costs, excluding normal salaries and expenses, may be reimbursed for the remainder of Fiscal Year 2. If Trial A continues into Fiscal Year 3, then the costs, including normal salaries and expenses are reimbursable at 90%. In this situation, the county must submit the Claim for Reimbursement; form FAM-45A, shown on page 24, in Fiscal Year 2. For Fiscal Year 3, the county must submit the Reimbursement Claim; form FAM-45C, shown on page 29.

Change of Venue

Pursuant to *Government Code* (GC) Section 15202.1, a county may be reimbursed for certain costs associated with a change of venue for a homicide trial.

If the venue for trial of a homicide case has been changed from the county of origin to a location more than 60 miles from the county seat of that county, and the district attorney of the county has entered into a contract with an attorney to try the case or with an investigator to assist in the trial of the case, the county may be reimbursed for the actual cost of the attorney or investigator. The reimbursement rate may not exceed the hourly rate charged to state agencies by the State Attorney General for similar attorney services or investigations.

The change of venue costs, as specified above, are fully reimbursable only when the county has met the required threshold amount pursuant to GC Section 15202. Only those homicide cases for which a final judgment was entered into as of January 1, 1990, qualify for the change-of-venue reimbursement.

The county must submit the Claim for Reimbursement, form FAM-45E, shown on page 33.

Counties with no Population Requirement

Pursuant to *Government Code* (GC) Section 15202, effective January 1, 2005, counties, regardless of population, may apply to the SCO for reimbursement of costs incurred by the county, as defined in GC Section 15201, in excess of the amount derived by the county from a tax of 0.0125 of 1% of the full value of property assessed.

The SCO will not reimburse costs that exceed the California Victim Compensation and Government Claims Board's standards for travel and per diem expenses. Counties must justify extraordinary costs in unusual cases. Costs for travel in excess of 1,000 miles on a single round trip must have the prior approval of the Attorney General.

The county must submit the Claim for Reimbursement, form FAM-45F, shown on page 37, with the claim for reimbursement.

REIMBURSABLE COSTS AND RATES

The SCO will review all costs claimed for reimbursement to determine that such costs are reasonable and necessary. The county must demonstrate that the costs are the result of the criminal proceedings and would not have been incurred unless there was a homicide trial.

The county must:

- Justify any claims for reimbursement of costs at rates exceeding those presented in the accompanying guidelines;
- Submit to the SCO for prior review all fees or costs that exceed the accompanying guidelines; and
- Adequately explain and document the nature of the extenuating circumstances leading the county to exceed the guidelines.

Court Trial Activities

- I. Allowable costs include (guidelines regarding reimbursement rates for Item I are presented on pages 13 through 15):
 - A. Court Costs prior to 8/16/04 per SB 1102, Ch. 227/04
 1. Judges' travel costs; and
 2. Reporters' fees and transcript costs.
 - B. Jury Costs
 1. Fees and mileage;
 2. Room and board (if sequestered); and
 3. Witness fees and expenses.
 - C. Prosecution Costs
 1. Legal expenses;
 2. Investigation (upon a defendant being identified); and
 3. Travel expenses.
 - D. Defense Costs
 1. Legal expense
 2. Investigation (upon a defendant being identified); and
 3. Travel expense.
 - E. Sheriff Costs
 1. Court security over and above normal personnel expenses
 - a. Courtroom;
 - b. Courthouse; and
 - c. Immediate exterior perimeter.
 2. Investigation (upon a defendant being identified).

F. Miscellaneous

1. Equipment

- a. Prorated cost of additional equipment purchased, by number of months used on basis of estimated life of equipment. IRS Publication 54, "Depreciation Tables," will be used as independent third-party guidelines to estimate useful life; and
- b. Prorated costs shall not exceed lease costs that would have accrued over the same time period.

2. Building Improvements and/or Construction Ordered by the Court as Necessary Security Measures

- a. Prorated costs of building improvements and/or construction may be determined by the ratio of the number of months used during the proceedings based upon the estimated useful life of improvements and/or construction.

3. Costs for Storage of Public Defender Records until the Homicide Trial Verdict can be Appealed.

II. Unallowable costs include, but are not restricted to:

- A. Administrative and countywide indirect costs except in those cases where it can be identified that additional support services were required due to a trial;
- B. Accounting and auditing costs;
- C. Costs that are incurred in any event and thus do not represent expenses directly added to the county budget as a result of the criminal proceeding;
- D. Insurance;
- E. Court costs after 8/16/04 per SB 1102, Ch. 227/04; and
- F. Incidental costs (e.g. incarceration, transportation, food, medical, and foster care).

Reporter Fees and Transcript Costs

: Folio: 100 words, phrases, or characters.

: Transcript: a record of testimony before the court.

Test Count: Words will be counted on number of sample pages of transcript to determine average folio count per page. That average will be extended to the total number of pages.

Rate payment: Reimbursement will be made at rates set forth in GC Sections 69947 to 69950. Invoices presented for payment must include number of pages of transcript and folio count per page used in determining total folio count.

Examples of material included in folio count:

- Contractions count as two words, i.e., the word "can't" counts as two words;
- Numerals each count as a word, i.e., "May 5, 1979" counts as six words;
- Alpha numeric phrases count as one word for each character, i.e., "AR 317.5 G" counts as seven words;
- Speaker identification is included, i.e., "Mr. Jones," "the witness," "the court," "Q," "A." (Eight words shown);
- Hyphenated words count as two words, i.e., "home-owned" counts as two words; The date and time stated at the beginning of each session is included in the folio count;
- Abbreviations are counted as if the words were written out, i.e., "Mr.," "Dr.," "Sgt.," "U.S.A." (Six words shown).

Examples of material not included in folio count:

- Title page;
- Indexes to witnesses, exhibits, etc.;
- Reporter's certification page;
- Reporter's commentary on events in courtroom that are not part of testimony;
- Reporter's description of exhibits that are not part of testimony; and
- Page numbers.

Travel Expenses and Per Diem

Travel expenses, including expenses for room and board, may be allowed in accordance with rules established by the county but shall not exceed rates outlined in Title 2, *California Code of Regulations*, Sections 700 through 715 and Section 718. Mileage may be reimbursable at the rate set for regular county employees, but shall not exceed the State reimbursement rates. State reimbursement rates effective January 31, 2002, are as follows.

- (a) In computing allowances for travel of more than 24 hours one full allowance may be claimed for each complete 24 hours of travel, beginning with the traveler's time of departure, as set forth in paragraph (b) of this section and in accordance with the following:

Lodging	\$84.00 plus tax (with receipt)
Breakfast	6.00
Lunch	10.00
Dinner	18.00
Incidental Allowance	6.00

When required to conduct business in the counties of Alameda, San Francisco, San Mateo, and Santa Clara, the maximum allowed cost for lodging is \$140.00 plus tax (with receipt). In the counties of Los Angeles and San Diego, the maximum allowed cost for lodging is \$110.00 plus tax (with receipt).

- (b) For travel that is the last fractional part of a period of travel of more than 24 hours, the allowance for meals or lodging may be claimed as follows:

- Breakfast: Breakfast may be claimed if travel began at or prior to 6:00 a.m. and terminated at or after 8:00 a.m.
- Lunch: Lunch may be claimed if travel began at or prior to 11:00 a.m. and terminated at or after 2:00 p.m.
- Dinner: Dinner may be claimed if travel began at or prior to 5:00 p.m. and terminated at or after 7:00 p.m.
- Lodging: Lodging may be claimed if travel is extended overnight.

Travel beginning before Monday and/or ending after Friday must be justified in writing. When a privately owned automobile is used for business, the traveler may be allowed to claim 34 cents per mile. Specialized vehicles may claim a rate of 37 cents per mile.

Pursuant to *Government Code* Sections 15202(e) and 15202.1(a), to be reimbursable, travel in excess of 1,000 miles on any single round trip requires the prior approval of the State Attorney General. The traveler must obtain written approval prior to the travel.

A request for travel approval should be addressed to:

Mr. Steve Coony, Chief Deputy Attorney General
1300 I Street
Sacramento, CA 95814
Telephone number: (916) 324-5435, Fax number: (916) 327-7154

A claim for the reimbursement of travel costs must include a copy of the written approval. In addition, to be reimbursed for costs of out-of-state and/or foreign travel costs, the traveler must, to the extent possible, obtain from the trial judge a determination that the proposed trip is necessary and reasonable.

Documentation supporting travel and per diem expenses shall be in accordance with county policy, provided such policy substantially conforms to Title 2, *California Code of Regulations* Sections 700 through 715, and Section 718. If county documentation requirements do not substantially conform to the *California Code of Regulations*, then the county must, to the extent possible, retain documentation that substantially conforms to Title 2, *California Code of Regulations*, Sections 700 through 715 and 718.

Allowable Rates for Attorneys and Investigators

Provision 2 of Item 8180-101-0001 of the Budget Act (Chapter 186, Statutes of 1986) and subsequent State budget acts have placed limitations on reimbursement for costs of attorney services and investigators.

Reimbursement for attorney services shall not exceed the hourly rate equal to the county's average hourly rate paid to public defenders, the hourly rate paid to appointed counsel, or the hourly rate charged state agencies by the Attorney General for attorney services, whichever rate is less.

Similarly, reimbursement for investigator services shall not exceed the hourly rate equal to the county's average hourly cost for county-employed investigators or the hourly rate charged state agencies by the Attorney General for investigators, whichever rate is less.

Hourly rates charged state agencies by the State Attorney General

Fiscal Years	Attorney Services*	Investigator Services
1990-91	75.50	68.00
1991-92	79.50	71.00
1992-93	90.00	80.00
1993-94	90.00	90.00
1994-95	95.00	90.00
1995-96	98.00	90.00
1996-97	98.00	90.00
1997-98	100.00	90.00
1998-99	100.00	97.00
1999-00	106.00	97.00
2000-01	106.00	97.00
2001-02	112.00	110.00
2002-03	112.00	110.00
2003-04	132.00	110.00
2004-05	139.00	110.00
2005-06	146.00	110.00

* Hourly rates are pursuant to the California Department of Justice, Administrative Bulletin Nos. 90-15, 91-17, 92-15A, 93-15, 94-10, 95-13, 96-15, 96-19, 97-16, 98-22, 00-10, 00-12, 01-08, 04-08, and 05-08.

SUBMISSION OF REIMBURSEMENT CLAIMS AND FORMS

Effective January 1, 2005, submit three copies of the Claim for Payment, form FAM-45-1 (page 35), and two copies of the Claim for Reimbursement, form FAM-45E or FAM-45F, (pages 33 through 38), as applicable, with supporting data. Claims should be rounded to the nearest dollar. **To expedite the payment process, please sign the form in blue ink and attach a copy of form FAM 45-1 to the top of the claim package.**

Mailing addresses for claims and related correspondences are as follows.

If delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursement Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursement Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Telephone (916) 324-5729
FAX (916) 324-6527

If this mode of communication is used for the transmission of urgent information, please attach a transmittal cover sheet including the following information: Date, Name of Receiver, Name of Sender, Subject Title, and the Number of Pages Transmitted (including the cover sheet). Original claims should be sent via mail service or other delivery service; the SCO must have the original claim signature in order to make payment.

Counties may submit reimbursement claims periodically, either on the completion of a trial or trials or when the case becomes final, but no less frequently than quarterly.

The SCO pays claims after review and approval. It is difficult to predict the number of claims that will be filed during any fiscal year. If the budgeted appropriation to fund this program is insufficient, the SCO will pay claims in the order of receipt. When additional funds are made available, the remaining claims will be paid.

The SCO will conduct audits as deemed necessary. Documentation should be retained for audit purposes for a period of no less than three years from the date of the final payment.

Forms for Filing Advance Payment Claims for Homicide Trials

County's Population	Statutes	Forms
150,000 or less	GC Section 11019.5 (page B-1)	Annual Application for Advance Payments FAM-44 (page 18)
150,000 or less	GC Section 11019.5(page B-1)	Annual Application for Advance Payments/ Estimated Homicide Trial Costs FAM-44A (page 20)
150,000 or less	GC Sections 15202 (pages B-2) and 15202.1 (page B-3)	Final Reconciliation/Claim for Reimbursement FAM-45-1 (page 35)

Forms for Filing Reimbursement Claims for Homicide Trials

County's Population	Statutes	Forms
300,000 or less	GC Sections 15202(a) and/or 15202(d) (pages B-2-B-3) (Operative until 1/1/05)	Form FAM-45 (page 22) and Form FAM-45A (page 24)
200,000 or less	GC Section 15202(b)(1) (page B-2) (Operative until 1/1/05)	Form FAM-45 (page 22) and Form FAM-45B (page 26)
200,000 or less	GC Sections 15202(b)(2) and/or 15202(d) (pages B-2-B-3) (Operative until 1/1/05)	Form FAM-45 (page 22) and Form FAM-45C (page 29)
300,000 and over	GC Sections 15202(c) and/or 15202(d) (pages B-2-B-3) (Operative until 1/1/05)	Form FAM-45 (page 22) and Form FAM-45D (page 31)
N/A	GC Section 15202.1 (page B-3)	Form FAM-45 (page 22); or Form FAM-45-1 (page 35) and Form FAM-45E (page 33)
N/A	GC Section 15202 (page B-3) (Effective 1/1/05)	Form FAM-45-1 (page 35) and Form FAM-45F (page 37)

DEADLINE FOR FILING CLAIMS FOR HOMICIDE TRIALS

Claims must be filed with the SCO within six months after the end on the month following:

The completion of a trial or trials; or
The case becomes final.

The SCO cannot accept claims filed after the specified time period.

**ANNUAL APPLICATION FOR ADVANCE PAYMENTS
HOMICIDE TRIALS
Pursuant to Government Code Section 11019.5**

For State Controller Use Only

Program

031

(03) Program Number 031

(04) Date Filed ____/____/____

(05) LRS Input ____/____/____

L (01) Claimant Identification Number

A

B (02) Claimant Name

E

L County of Location

H

E Street Address or P.O. Box

R

E City State Zip Code

(06) Fiscal Year

20____/____

(07) Claimed Amount

\$_____

(08) CERTIFICATION OF APPLICATION

In accordance with the provisions of *Government Code* Section 11019.5, I certify that I am the officer authorized by the county to file applications with the State of California to request advance payments to fund the cost of homicide trial(s). I also certify, under penalty of perjury, that I have not violated any of the provisions of *Government Code* Sections 1090 to 1098, inclusive.

The amount shown in line (07) is hereby requested from the State for advance payments to fund the cost of homicide trial(s) set forth on the attached statements.

Signature of Authorized Officer

Date

Type or Print Name

Title

(09) Name of Contact Person for Claim

Telephone Number (____) _____ - _____ Ext. _____

E-mail Address _____

Program 031	ANNUAL APPLICATION FOR ADVANCE PAYMENTS HOMICIDE TRIALS PURSUANT TO GOVERNMENT CODE SECTION 11019.5 Instructions	FORM FAM-44
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter the name and address of the county filing the application.
- (03) to (05) Leave blank.
- (06) Enter the fiscal year for which funds are requested.
- (07) Enter the amount of funds requested by the county to conduct homicide trial(s), (line (13) of form FAM-44A).
- (08) Read the "Certification of Application" statement. If the statement is true, sign and date the application, and print or type your name and title. **The application cannot be processed for payment unless it is accompanied by an original signed certification. To expedite the payment process, please sign the form with blue ink and attach a copy of the form to the top of the claim package.**
- (09) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claim amounts should be rounded to the nearest dollar. Submit three copies of the form and two copies of the supporting documentation. Use the mailing addresses below.

If delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

If delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 031	ANNUAL APPLICATION FOR ADVANCE PAYMENTS ESTIMATED HOMICIDE TRIAL COSTS Pursuant to Government Code Section 11019.5	FORM FAM-44A
A county with a population of 150,000 or less as of January 1, 1983, may request advance payments for the annual cost of homicide trials, which is reimbursable under <i>Government Code</i> Section 15202		
01. County Name _____		
02. Estimated Trial Completion Date		
03. County's Population as of January 1, 1983		
04. Estimated Full Value of the Assessed Property for the Fiscal Year	\$	
05. Net Estimated Annual Cost of Homicide Trials		
06. Less: Tax on 0.00625 of 1% of the Estimated Full Value of the Assessed Property		
07. Subtotal (line (05) - line (06))	\$	
08. Less: Cost Sharing (15% of line (07))		
09. Total Request for Advance Payment(s) (line (07) - line (08))	\$	
10. Actual Cost to Date (Form FAM-45A, FAM-45B, FAM-45C, or FAM-45E)	\$	
11. Amount Received for Advance Payments in the Prior Fiscal Year(s)		
12. Amount Due or Amount Overpaid (line (10) - line (11))		
13. Adjusted Net Advance Payment (line (09) + line (12))	\$	
14. Amount of Monthly Advances (line (13)/12 months)	\$	

Program 031	ANNUAL APPLICATION FOR ADVANCE PAYMENTS ESTIMATED HOMICIDE TRIAL COSTS Pursuant to Government Code Section 11019.5 Instructions	FORM FAM-44A
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- (01) Enter the name of the county filing the application.
- (02) Enter the estimated trial completion date.
- (03) Enter the county's population as of January 1, 1983.
- (04) Enter the estimated full value of property assessed for purposes of taxation for the fiscal year.
- (05) Enter the amount of the net estimated annual cost of homicide trials for the fiscal year of the advance payment request.
- (06) Enter the amount of the tax of 0.00625 of 1% of the estimated full-assessed valuation of property. (Multiply line (04) by the factor 0.0000625).
- (07) Enter the difference of subtracting line (06) from line (05).
- (08) Enter the product of multiplying line (07) by the cost-sharing factor 0.15 (15%).
- (09) Enter the difference of subtracting line (08) from line (07).
- (10) Enter the amount of actual costs to date for reimbursement of the cost of homicide trial(s) (regardless of fiscal years), (FAM-45A) under *Government Code* (GC) Section 15202(a), the Cost of Homicide Trials (Multiple Trials), (FAM-45B) under GC Section 15202(b)(1), the Cost of Homicide Trial (Single Trial), (FAM-45C) under GC Section 15202(b)(2), or Change of Venue Costs (FAM-45E) under GC Section 15202.1. Refer to the *Homicide Trials Manual*, page 17.
- (11) Enter the amount the county received for advance payments under GC Section 11019.5 for the prior fiscal year(s).
- (12) Enter the difference between the Actual Costs to Date line (10) less Amount Received for Advance Payments in the Prior Fiscal Year(s) line (11). A positive balance means an amount is due the claimant from the State. A negative balance means the claimant owes an amount to the State. This amount will be used to adjust the current-year advance payments.
- (13) Enter the sum of the Total Request for Advance Payments, line (09), and the Amount Due or Amount Overpaid, line (12), and carry forward to line (07) of form FAM-44.
- (14) Enter the Amount of the Adjusted Net Advance Payment, line (13), divided by 12 months.

CLAIM FOR REIMBURSEMENT/FINAL RECONCILIATION Pursuant to Government Code Sections 15202 and 15202.1 Homicide Trials		For State Controller Use Only		Program 031	
		(13) Program Number 031			
		(14) Date Filed ____/____/____			
		(15) LRS Input ____/____/____			
LABEL HERE	(01) Claimant Identification Number		Reimbursement Claim Data		
	(02) Claimant Name		(16)		
	County of Location		(17)		
	Street Address or P.O. Box		(18)		
	City	State	Zip Code	(19)	
			(20)		
	Type of Claim	Reimbursement Claim		(21)	
		(03) GC §15202(a) &/or§15202(d) <input type="checkbox"/>	(06) GC §15202(c) &/or§15202(d) <input type="checkbox"/>	(22)	
		(04) GC §15202(b)(1) <input type="checkbox"/>	(07) GC §15202.1 <input type="checkbox"/>	(23)	
		(05) GC §15202(b)(2) &/or§15202(d) <input type="checkbox"/>	(08) Amended <input type="checkbox"/>	(24)	
Fiscal Year Or Claim Period		(09) 20____/____ to 20____/____	(25)		
Net Reimbursable Cost		(10)	(26)		
Less: Prior Claim Payment Received		(11)	(27)		
Balance Due or Amount Overpaid		(12)			
<p>(28) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of <i>Government Code</i> Sections 15202 and 15202.1, I certify that I am the officer authorized by the county to file claims with the State of California to request payments to fund the cost of homicide trial(s). I also certify, under penalty of perjury, that I have not violated any of the provisions of <i>Government Code</i> Sections 1090 to 1098, inclusive.</p> <p>The amount shown in line (12) is hereby due to the State or requested from the State to fund the cost of homicide trial(s) set forth on the attached statements.</p>					
Signature of Authorized Officer		Date			
_____ _____ _____		_____ _____ _____			
Type or Print Name		Title			
(29) Name of Contact Person for Claim		Telephone Number (_____) _____ Ext. _____			
_____		E-mail Address _____			

Program 031	CLAIM FOR REIMBURSEMENT/FINAL RECONCILIATION Pursuant to Government Code Sections 15202 and 15202.1 Homicide Trials Instructions	FORM FAM-45
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Operative until January 1, 2005. Form 45-1 will be used subsequently.

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street of P.O. Box address, City, State, and Zip Code.
- (03) If filing a reimbursement claim (regardless of fiscal years) under GC Sections 15202(a) and/or 15202(d), enter an "X" in the box.
- (04) If filing a reimbursement claim for multiple trials under GC Section 15202(b)(1), enter an "X" in the box.
- (05) If filing a reimbursement claim for a single trial under GC Section 15202(b)(2) and/or 15202(d), enter an "X" in the box.
- (06) If filing a reimbursement claim under GC Section 15202(c) and/or 15202(d), enter an "X" in the box.
- (07) If filing a reimbursement claim for the cost of change of venue under GC Section 15202.1, enter an "X" in the box.
- (08) If filing an amended claim, please indicate in box (03) through (07) the applicable GC Section and check the box.
- (09) Enter the fiscal year in which costs are to be incurred.
- (10) Enter the amount of net reimbursable cost from the applicable form. (Form FAM-45A, FAM-45B, FAM-45C, FAM-45D, or FAM-45E).
- (11) If filing a reimbursement claim and a claim was previously filed for the same fiscal year or claim period, enter the amount received for the claim. Otherwise, enter a zero.
- (12) Enter the difference between line (10) and line (11).
- (13) to (15) Leave blank.
- (16) to (27) Enter reimbursement claim data.
- (28) Read the "Certification of Claim" statement. If the statement is true, date and sign the claim and include your name and title, type or print your name and title. **The application cannot be processed for payment unless accompanied by an original signed certification. To expedite the payment process, please sign the form with blue ink and attach a copy of the form to the top of the claim package.**
- (29) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claim amounts should be rounded to the nearest dollar. Submit three copies of the form and two copies of the supporting documentation. Use the mailing addresses below.

If delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

If delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(a) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45A
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REIMBURSEMENT TO COUNTIES WITH A POPULATION OF 300,000 OR LESS (OPERATIVE UNTIL 1/1/05)
 Complete This Statement for Each Homicide Trial

01. County Name _____	
02. Trial of _____	
03. Claim Period _____ to _____	
04. Date Homicide Occurred _____	
05. Date Final Judgement Entered _____	
06. County's 1980 Decennial Census Population _____	
07. Full Value of the Assessed Property in the Fiscal Year of Claim \$ _____	
08. <u>Summary of Eligible Homicide Trial Costs</u> (Exclude Normal Salaries and Expenses)	
A. Court Costs (prior to 8/16/04 per Ch. 227/04)	\$ _____
B. Jury and Witness Costs	_____
C. Prosecution Costs	_____
D. Defense Costs	_____
E. Other Costs (Describe)	_____
F. Total Cost for the Claim Period	\$ _____
Calculation of Net Reimbursable Trial Cost	
09. Total Cost for the Claim Period (From (08)(F) above)	\$ _____
10. Less: Tax on 0.00625 of 1% of Full Value of the Assessed Property	_____
11. Subtotal (Line (09) - line (10))	\$ _____
12. Less: Cost Sharing (10% of line (11))	_____
13. Net Reimbursable Cost for the Claim Period (line (11) - line (12)) (per GC Section 15202(a))	\$ _____
14. Total Cost for the Claim Period (From (08)(F) above)	_____
15. Less: Tax of 0.0125 of 1% of the Full Value of the Assessed Property	_____
16. Net reimbursable Cost for the Claim Period (line (14)-line (15)) (per GC Section 15202(d))	\$ _____
17. Total (line (13)+line (16))	\$ _____

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(a) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45A
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial, trials, or hearing of a person for the offense of homicide.
- (03) Enter the fiscal year in which costs were incurred.
- (04) Enter the date on which the homicide occurred.
- (05) Enter the date of the final judgement.
- (06) Enter population at the time of the 1980 decennial census.
- (07) Enter the full value of property assessed for purposes of taxation.
- (08)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04.
- (08)(B) Enter the amount of jury and witness costs.
- (08)(C) Enter the amount of prosecution costs.
- (08)(D) Enter the amount of defense costs.
- (08)(E) Enter and describe the amount of the other allowable costs.
- (08)(F) Enter the total cost for the claim period, excluding normal salaries and expenses.
- (09) Enter the amount from line (08)(F). Refer to the above summary of eligible homicide trial costs.
- (10) Enter the amount of the tax of 0.00625 of 1% of line (07).
- (11) Enter the difference between line (09) and line (10). This threshold must be met only once for each case.
- (12) Enter the product of line (11) times the cost sharing factor of 0.10 (10%).
- (13) Enter the result of subtracting line (12) from line (11).
- (14) Enter the amount of line (08)(F). Refer to the above summary of eligible homicide trial costs.
- (15) Enter the amount of the tax of 0.0125 of 1% of line (07).
- (16) Enter the result of subtracting line (15) from line (14). If line (16) is negative, enter "0". In this case, the county does not qualify for reimbursement under GC Section 15202(d).
- (17) Enter the sum of line (13) and line (16) and carry forward to line (10) of form FAM-45.

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202(b)(1) Homicide Trials Instructions	FORM FAM-45B
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REIMBURSEMENT TO COUNTIES WITH A POPULATION OF 200,000 OR LESS (OPERATIVE UNTIL 1/1/05)

Complete This Statement for Costs of Homicide Trials or Hearings Claimed for the Fiscal Year

01. County Name _____

02. Number of Trials or Hearings _____

03. Fiscal Year of Claim _____

04. County's Population as of January 1, 1990 _____

05. Full Value of the Assessed Property in the Fiscal Year of Claim \$ _____

06. <u>Summary of Eligible Homicide Trial Costs</u> (Normal Salaries and Expenses May Be Included)	First Trial	All Subsequent Trials
A. Court Costs (prior to 8/16/04 per Ch. 224/04)	\$	\$
B. Jury and Witness Costs		
C. Prosecution Costs		
D. Defense Costs		
E. Other Costs (Describe)		
F. Total Cost for the Claim Period	\$	\$

Calculation of Net Reimbursable Trial Cost

07. Tax of 0.00625 of 1% of Full Value of the Assessed Property	\$
08. Enter the Date on Which the Threshold Was Met	
09. Cost of the First Trial (From (06)(F) above)	
10. Cost for the First Trial That Was Applied Toward Meeting the Threshold Amount	
11. Subtotal (Line (09) - line (10))	
12. Less: Cost Sharing (10% of line (11))	
13. Cost of Subsequent Trials (From (06)(F) above)	
14. Cost of Subsequent Trials Applied Toward Meeting the Threshold Amount	
15. Subtotal (line (13) - line (14))	\$
16. Less: Cost Sharing (15% of line (15))	
17. Net Reimbursable Homicide Trial Cost (line (12) + line (16))	\$

Note: in order for the net reimbursable trial cost in line 17 to be a correct amount, the sum of line 10 and line 14 must be equal to line (07).

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202(b)(1) Homicide Trials Instructions	FORM FAM-45B
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- (01) Enter the name of the county filing the claim.
- (02) Enter the number of trials or hearings.
- (03) Enter the fiscal year of the claim.
- (04) Enter the county's population as of 1/1/1990.
- (05) Enter the full value of property assessed for purposes of taxation.
- (06)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04 for the first trial and all subsequent trials if applicable.
- (06)(B) Enter the amount of jury and witness costs for the first trial and all subsequent trials if applicable.
- (06)(C) Enter the amount of prosecution costs for the first trial and all subsequent trials if applicable.
- (06)(D) Enter the amount of defense costs for the first trial and all subsequent trials if applicable.
- (06)(E) Enter and describe the amount of the other allowable costs.
- (06)(F) Enter the total cost for the claim period for the first trial and all subsequent trials.
- (07) Enter the amount of the tax of 0.00625 of 1% of full value of property assessed for purposes of taxation. The threshold amount must be met before reimbursement.
- (08) Enter the date on which the threshold was met.
- (09) Enter the total cost of the first trial. Refer to the Summary of Eligible Homicide Trial Costs. (Line (06)(F) for the first trial).
- (10) If line (07) is greater than line (09), enter the amount of the Cost of the First Trial line (09).
If line (07) is less than line (09), enter the amount of the tax of 0.00625 of 1% of full value of property assessed for purposes of taxation line (07).
- (11) Enter the difference between line (09) and line (10).
- (12) Enter the product of line (11) times the cost sharing factor 0.90 (90%).
- (13) Enter the amount of the total cost of all subsequent trials. Refer to the Summary of Eligible Homicide Trial Costs. (Line (06)(F) for all subsequent trials).
- (14) Enter the difference between line (07) and line (10).
- (15) Enter the difference between line (13) and line (14).
- (16) Enter the product of line (15) times the cost sharing factor of 0.85 (85%).
- (17) Enter the sum of line (12) and line (16) and carry forward to line (10) of form FAM-45.

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202(b)(1) Homicide Trials SUPPLEMENT TO FORM FAM-45B	FORM FAM-45B.1
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List of all Homicide Trials or Hearings per Line (02) of Form FAM-45B for Which Costs Are Claimed

Give the date of filings, in the superior court, of an indictment by the grand jury or information by the district attorney, as well as related case numbers.

[illegible]

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202(b)(1) Homicide Trials Instructions to Form FAM-45B.1	FORM FAM-45B.1
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- (01) Enter the name of the county filing the claim.
- (02) Enter the fiscal year of the claim.
- (03) Enter dates of fillings.
- (04) Enter court case numbers.

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(b)(2) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45C
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REIMBURSEMENT TO COUNTIES WITH A POPULATION OF 200,000 OR LESS (OPERATIVE UNTIL 1/1/05)
 Complete This Statement for Each Homicide Trial

01. County Name _____

02. Trial of _____

03. Claim Period _____ to _____

04. Date Homicide Occurred _____

05. Date Final Judgement Entered _____

06. County's Population as of January 1, 1990 _____

07. Full Value of the Assessed Property in the Fiscal Year of Claim _____

<u>Summary of Eligible Homicide Trial Costs</u>	<u>08. Initial Year of Trial</u> (Normal Salaries and Expenses are excluded) (Line (10) through line (14) only) per GC Section 15202(a)	<u>09. Second Year /Subsequent Years</u> (Normal Salaries and Expenses may be included) (Line (15) through line (17) only) per GC Section 15202(b)(2)
A. Court Costs (prior to 8/16/04 per Ch. 227/04)		
B. Jury and Witness Costs		
C. Prosecution Costs		
D. Defense Costs		
E. Other Costs (Describe)		
F. Total Cost for the Claim Period	\$	\$

Calculation of Net Reimbursable Trial Cost

10. Total Cost for the Claim Period (From (08)(F) above) for the Initial Fiscal Year	\$
11. Less: Tax on 0.00625 of 1% of Full Value of the Assessed Property	
12. Subtotal (Line (10) - line (11))	
13. Less: Cost Sharing (10% of line (12))	
14. Net Reimbursable Cost for the Claim Period (line (12) - line (13)) (per GC Section 15202(a))	\$
15. Total Cost for the Claim Period (From (09)(F) above) for the Second or Subsequent Fiscal Years	
16. Less: Cost Sharing (10% of line (15))	
17. Net Reimbursable Cost for the Claim Period (line (15)-line (16)) (per GC Section 15202(b)(2))	\$
18. Total Reimbursable Cost for the Claim Period (line (14)+line (17))	\$
19. Total Cost for the Claim Period (From (08)(F) and (09F) above)	
20. Less: Tax on 0.0125 of 1% of the Full Value of the Assessed Property	
21. Net Reimbursable Cost for the Claim Period (line (19)-line (20)) (per GC Section 15202(d))	\$
22. Total (line (18)+line (21))	\$

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(b)(2) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45C
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial.
- (03) Enter the claim period in which costs were incurred.
- (04) Enter the date on which the homicide occurred.
- (05) Enter the final judgement date.
- (06) Enter county's population as of 1/1/1990.
- (07) Enter the full value of property assessed for purposes of taxation.

Initial Year of Trial per GC Section 15202(a)

- (08)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04, excluding normal salaries and expenses.
- (08)(B) Enter the amount of jury and witness costs, excluding normal salaries and expenses.
- (08)(C) Enter the amount of prosecution costs, excluding normal salaries and expenses.
- (08)(D) Enter the amount of defense costs, excluding normal salaries and expenses.
- (08)(E) Enter and describe the amount of the other allowable costs, excluding normal salaries and expenses.
- (08)(F) Enter the total cost for the claim period, excluding normal salaries and expenses.
- (10) Enter the amount of line (08)(F) for the initial year.
- (11) Enter the tax of 0.00625 of 1% of line (07).
- (12) Enter the difference between line (10) and line (11).
- (13) Enter the product of line (12) times the cost sharing factor of 0.10 (10%).
- (14) Enter the result of subtracting line (13) from line (12) (per GC Section 15202(a)).

Second Year/Subsequent Years per GC Section 15202(b)(2)

- (09)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04; normal salaries and expenses may be included.
- (09)(B) Enter the amount of jury and witness costs; normal salaries and expenses may be included.
- (09)(C) Enter the amount of prosecution costs; normal salaries and expenses may be included.
- (09)(D) Enter the amount of defense costs; normal salaries and expenses may be included.
- (09)(E) Enter and describe the amount of the other allowable costs; normal salaries and expenses may be included.
- (09)(F) Enter the total cost for the claim period; normal salaries and expenses may be included.
- (15) Enter the amount of line (09)(F) for the second year or subsequent fiscal years.
- (16) Enter the product of line (15) times the cost sharing factor of 0.10 (10%).
- (17) Enter the result of subtracting line (16) from line (15) (per GC Section 15202(b)(2)).

GC Sections 15202(a) and/or 15202(b)(2)

- (18) Enter the sum of line (14) and line (17).

GC Section 15202(d)

- (19) Enter the sum of line (10) and line (15).
- (20) Enter the tax of 0.0125 of 1% of line (07).
- (21) Enter the result of subtracting line (20) from line (19). If line (21) is negative, enter "0". In this case, the county does not qualify for reimbursement under GC Section 15202(d).

GC Sections 15202(a) and/or 15202(b)(2) and/or 15202(d)

- (22) Enter the sum of line (18) and line (21) and carry forward to line (10) of form FAM-45.

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(c) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45D
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REIMBURSEMENT TO COUNTIES WITH A POPULATION EXCEEDING 300,000 (OPERATIVE UNTIL 1/1/05)
 Complete This Statement for Each Homicide Trial

01. County Name _____

02. Trial of _____

03. Claim Period _____ to _____

04. Date Homicide Occurred _____

05. Date Final Judgement Entered _____

06. County's 1980 Decennial Census Population _____

07. Full Value of the Assessed Property in the Fiscal Year of Claim \$ _____

08. Summary of Eligible Homicide Trial Costs
 (Normal Salaries and Expenses Are Excluded)

A. Court Costs (prior to 8/16/04 per Ch. 227/04)	\$
B. Jury and Witness Costs	
C. Prosecution Costs	
D. Defense Costs	
E. Other Costs (Describe)	
F. Total Cost for the Claim Period	\$

Calculation of Net Reimbursable Trial Cost

09. Total Cost for the Claim Period (From (08)(F) Above)	\$
10. Less: Tax on 0.0125 of 1% of Full Value of the Assessed Property (per GC Section 15202(d))	
11. Subtotal (line (09) - line (10))	\$
12. Difference Between 0.00625 and 0.0125 of 1% of Full Value of the Assessed Property	
13. Less: Cost Sharing (20% of line (12))	
14. Subtotal (line (12)- line (13)) (per GC Section 15202(c))	\$
15. Net Reimbursable Cost for the Claim Period (line (11) + line (14))	\$

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTIONS 15202(c) and/or 15202(d) Homicide Trials Instructions	FORM FAM-45D
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial.
- (03) Enter the claim period in which costs were incurred.
- (04) Enter the date on which the homicide occurred.
- (05) Enter the final judgement date.
- (06) Enter population at the time of the 1980 decennial census.
- (07) Enter the full value of property assessed for purposes of taxation.
- (08)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04.
- (08)(B) Enter the amount of jury and witness costs.
- (08)(C) Enter the amount of prosecution costs.
- (08)(D) Enter the amount of defense costs.
- (08)(E) Enter and describe the amount of the other allowable costs.
- (08)(F) Enter the total cost for the claim period.
- (09) Enter the amount of line (08)(F).
- (10) Enter the amount of the tax on 0.0125 of 1% of line (07).
- (11) Enter the difference between line (09) and line (10).
- (12) Enter the difference between 0.00625 of 0.0125 of 1% of line (07).
- (13) Enter the product of line (12) times the cost sharing factor of 0.20 (20%).
- (14) Enter the difference between line (12) and line (13).
- (15) Enter the sum of line (11) and line (14) and carry forward to line (10) of form FAM-45.

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202.1 Homicide Trials Instructions	FORM FAM-45E
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REIMBURSEMENT FOR CHANGE OF VENUE COSTS (with final judgement prior 1/1/90)

Complete This Statement for Each Homicide Trial

01. County Name _____
02. Trial of _____
03. Claim Period _____ to _____
04. Date Homicide Occurred _____
05. Date Final Judgement Entered _____
06. County's Population as of January 1, 1990 _____
07. Full Value of the Assessed Property in the Fiscal Year of Claim \$ _____

07. Summary of Eligible Homicide Trial Costs

(Exclude normal salaries and expenses when showing costs incurred for a single trial in the trial fiscal year.)

A. Court Costs (prior to 8/16/04 per Ch. 227/04)	\$ _____
B. Jury and Witness Costs	_____
C. Prosecution Costs	_____
D. Defense Costs	_____
E. Other Costs (Describe)	_____
F. Total Cost for the Claim Period	\$ _____

The county must have met the threshold amount prior to the change in venue before it can qualify for reimbursement of certain change-of-venue costs.

08. Total Homicide Trial Costs (From line (07)(F) above)	\$ _____
09. Less: Tax of _____ of 1% of the Full Value of the Assessed Property	_____
If line (08) > or = line (09), Proceed to line (10)	
10. Contract Attorney Costs	_____
11. Contract Investigator Costs	_____
12. Net Reimbursable Cost (line (10) + line (11))	\$ _____

Program 031	CLAIM FOR REIMBURSEMENT GOVERNMENT CODE SECTION 15202.1 Homicide Trials Instructions	FORM FAM-45E
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial.
- (03) Enter the claim period in which costs were incurred.
- (04) Enter the date on which the homicide occurred.
- (05) Enter the final judgement date.
- (06) Enter the full value of property assessed for purposes of taxation.
- (07)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04.
- (07)(B) Enter the amount of jury and witness costs.
- (07)(C) Enter the amount of prosecution costs.
- (07)(D) Enter the amount of defense costs.
- (07)(E) Enter and describe the amount of other allowable costs.
- (07)(F) Enter the total cost for the claim period.
- (08) Enter the amount of line (07)(F).
- (09) Enter the amount of the tax of 0.00625 or 0.0125 of 1% of line (06). Determine the factor shown in GC Section 15202 for the county's population size.

Proceed to line (10) only if line (08) is greater than or equal to line (09). If line (09) is greater than line (08), the county does not qualify for reimbursement. STOP; do not continue to lines (10) through (12).

- (10) Enter the product of multiplying the number of hours worked by the hourly rate for the contract attorney. The hourly rate shall not exceed the rate as shown on page 15.
- (11) Enter the product of multiplying the number of hours worked by the hourly rate for the contract investigator. The hourly rate shall not exceed the rate as shown on page 15.
- (12) Enter the sum of line (10) and line (11) and carry forward to line (10) of form FAM-45, or line (07) of form FAM 45-1.

**CLAIM FOR REIMBURSEMENT
FINAL RECONCILIATION (effective 01/01/2005)
Pursuant to Government Code Section 15202**

For State Controller Use Only

Program

031

(10) Program Number 0031

(11) Date Filed ____/____/____

(12) LRS Input ____/____/____

L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box

City

State

Zip Code

Reimbursement Claim Data**Type of Claim****Reimbursement Claim**

(03) GC §15202

☐

(05) Amended

☐

(04) GC §15202.1

☐**Fiscal Year Or
Claim Period**

(06) 20____/____ to 20____/____

Net Reimbursable Cost

Less:

**Prior Claim Payment
Received****Balance Due or Amount Overpaid****(25) CERTIFICATION OF CLAIM**

In accordance with the provisions of *Government Code* Sections 15202 and 15202.1, I certify that I am the officer authorized by the county to file claims with the State of California to request payments to fund the cost of homicide trial(s). I also certify, under penalty of perjury, that I have not violated any of the provisions of *Government Code* Sections 1090 to 1098, inclusive.

The amount shown in line (09) is hereby due to the State or requested from the State to fund the cost of homicide trial(s) set forth on the attached statements.

Signature of Authorized Officer

Date

Type or Print Name

Title

(26) Name of Contact Person for Claim

Telephone Number (____) _____ Ext. _____

E-mail Address _____

Program 031	CLAIM FOR REIMBURSEMENT FINAL RECONCILIATION (effective 01/01/2005) Pursuant to Government Code Section 15202 Homicide Trials Instructions	FORM FAM-45-1
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Effective on January 1, 2005

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.
- (03) If filing a reimbursement claim under GC Section 15202, enter an "X" in the box.
- (04) If filing a reimbursement claim under GC Section 15202.1, enter an "X" in the box.
- (05) If filing an amended claim, please indicate in the box on line (03) or (04) the applicable GC Section and check the box on line (05).
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of net reimbursable cost from the applicable form. (Form FAM-45F, or FAM-45E).
- (08) If filing a reimbursement claim and a claim was previously filed for the same fiscal year or claim period, enter the amount received for the claim. Otherwise, enter a zero.
- (09) Enter the difference between line (07) and line (08).
- (10) to (12) Leave blank.
- (13) to (24) Enter reimbursement claim data.
- (25) Read the "Certification of Claim" statement. If the statement is true, sign and date the claim and type or print your name and title. **The application cannot be processed for payment unless accompanied by an original signed certification. To expedite the payment process, please sign the form with blue ink and attach a copy of the form to the top of the claim package.**
- (26) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claim amounts should be rounded to the nearest dollar. Submit three copies of the form and two copies of the supporting documentation. Use the mailing addresses below.

If delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

If delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 031	CLAIM FOR REIMBURSEMENT/FINAL RECONCILIATION GOVERNMENT CODE SECTION 15202 Homicide Trials	FORM FAM-45F
REIMBURSEMENT TO COUNTIES (EFFECTIVE 1/1/2005) NO POPULATION REQUIREMENT		
01. County Name _____		
02. Trial of _____		
03. Claim Period _____ to _____		
04. Number of Trials or Hearings _____		
05. Fiscal Year of Claim _____		
06. Date Homicide Occurred _____		
07. Date Final Judgement Entered _____		
08. Full Value of the Assessed Property in the Fiscal Year of Claim \$ _____		
09. <u>Summary of Eligible Homicide Trial Costs</u> (Normal Salaries and Expenses Are Excluded)		
A. Court Costs (prior to 8/16/04 per Ch. 227/04)	\$ _____	
B. Jury and Witness Costs	_____	
C. Prosecution Costs	_____	
D. Defense Costs	_____	
E. Other Costs (Describe)	_____	
F. Total Cost for the Claim Period	\$ _____	
<u>Calculation of Net Reimbursable Trial Cost</u>		
10. Total Cost for the Claim Period (From (09)(F) above)	\$ _____	
11. Less: Tax of 0.0125 of 1% of the Full Value of Assessed Property	_____	
12. Net Reimbursable Cost for the Claim Period (line (10)-line (11))	\$ _____	

Program 031	CLAIM FOR REIMBURSEMENT/FINAL RECONCILIATION GOVERNMENT CODE SECTION 15202 Homicide Trials Instructions	FORM FAM-45F
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial. Disregard this line if you have more than one trial. Go to line (04).
- (03) Enter the claim period in which costs were incurred. Go to line (05) if you have more than one trial.
- (04) Enter the number of trials or hearings if you have more than one trial.
- (05) Enter the fiscal year of claim for multiple trials.
- (06) Enter the date on which the homicide occurred.
- (07) Enter the final judgement date.
- (08) Enter full value of property assessed for purposes of taxation.
- (09)(A) Enter the amount of court costs prior to 8/16/04 per Ch. 227/04.
- (09)(B) Enter the amount of jury and witness costs.
- (09)(C) Enter the amount of prosecution costs.
- (09)(D) Enter the amount of defense costs.
- (09)(E) Enter and describe the amount of the other allowable costs.
- (09)(F) Enter the total cost for the claim period or fiscal year, excluding normal salaries and expenses.
- (10) Enter the amount of line (09)(F).
- (11) Enter the amount of the tax of 0.0125 of 1% of line (08).
- (12) Enter the difference between line (10) and line (11) and carry forward to line (07) of form FAM 45-1.

APPENDIX

2004 Budget Act (Chapter 208/04, Item 8180-101-0001)

For local assistance, payment to local government for costs of homicide trials, for payment by the State Controller..... 4,305,000

Provisions:

1. This item is for payment to counties for costs of homicide trials pursuant to Sections 15201 to 15203, inclusive, of the *Government Code*, provided that expenditures made under this item shall be charged to the fiscal year in which the warrant is issued by the State Controller.
2. The Controller shall reimburse counties for reasonable and necessary expenses incurred pursuant to Section 15202 of the *Government Code*, except that reimbursements to a county shall not exceed: (a) for attorney services, an hourly rate equal to that county's average hourly cost for public defenders, the hourly rate paid to appointed counsel, or the hourly rate charged state agencies by the Attorney General for attorney services, whichever rate is less; (b) for investigators, an hourly rate equal to that county's average hourly cost for county-employed investigators, or the hourly rate charged state agencies by the Attorney General for investigators, whichever rate is less; and (c) for expert witnesses, the hourly rate that the county generally pays for these services.
3. All counties that apply for a grant pursuant to this item shall provide the State Controller's Office and the Department of Finance a written summary of any amounts that they received pursuant to this item in a previous fiscal year that were not expended as of June 30, 2006. This summary shall detail the amount of unexpended funds by the fiscal year in which they were received. The summary also shall include a description of the purposes for which the county proposes to use the unexpended funds. Applicant counties shall provide this written summary to the State Controller's Office and the Department of Finance no later than June 30, 2006. To ensure compliance with this requirement, the State Controller's Office shall notify counties of this requirement when they submit their applications for funding.

GOVERNMENT CODE SECTIONS 11019.5 and 15200 THROUGH 15204

Section 11019.5. Advance Payment By Certain State Departments to Certain Counties For Services

- (a) Notwithstanding any other provision of law, but to the extent consistent with applicable federal law or regulation, any state department and the Controller pursuant to subdivision (b) of Section 15202, after receiving a request by a board of supervisors of an affected county which has a population of 150,000 or less as of January 1, 1983, and upon determining that advance payment is essential to the effective implementation of particular program, and further to the extent that funds are available, and not more frequently than once each month, may advance to the county an amount not to exceed one-twelfth of the annual allocations, subventions, or reimbursements required for the delivery of services by a county.
- (b) The director of each department and the Controller shall promulgate regulations or guidelines and a plan to establish control procedures to define the scope of operational information required from the county in order to guarantee advance payments pursuant to this section. No county may receive an advance payment unless the county has complied with the provisions of the department's plan and regulations. Each department plan shall be approved by the Department of Finance prior to its implementation.
- (c) Claim schedules for advance payments shall be presented to the appropriate department in the manner prescribed by the department. Payment of claims shall be made within 60 days after a claim is received by the department.
- (d) Each department and the Controller shall review periodically and adjust advances to actual expenditures for the claim period. Additionally, each department and the Controller shall take into consideration the timing of the implementation of new programs in the computation of advances. The authority contained in this chapter shall not supersede or limit any other provision of law authorizing the state to conduct required audits of claims transactions.
- (e) A county, upon determining that an advance payment is essential for the effective implementation of a particular program to the extent funds are available, and not more frequently than once each month, may advance to other affected local public agencies located within its jurisdiction (i.e., school districts, special districts, cities, etc.) an amount not to exceed one-twelfth of the annual allocations, reimbursements, or subventions required for the delivery of services pursuant to related state and federal laws.
- (f) This section does not apply to the State Department of Social Services.

Section 15200. Legislative Intention

The Legislature hereby declares that: (1) The uniform administration of justice throughout the State is a matter of statewide interest; (2) The prosecution and conduct of trials of persons accused of homicide should not be hampered or delayed by any lack of funds available to the counties for such purposes; (3) A county should not be required to bear the entire costs of a trial involving a homicide if such costs will seriously impair the finances of the county; and (4) It is the intention of the Legislature in enacting this chapter to provide for state assistance to counties in such emergency situations.

Section 15201. Costs Incurred By County Defined

As used in this chapter, "costs incurred by the county" mean all cost, except normal salaries and

expenses, incurred by the county in bringing to trial or trials, including the trial or trials of, a person or persons for the offense of homicide, including costs, except normal salaries and expenses, incurred by the district attorney in investigation and prosecution, by the sheriff in investigation, by the public defender or court-appointed attorney or attorneys in investigation and defense, and all other costs, except normal salaries and expenses, incurred by the county in connection with bringing the person or persons to trial including the trial itself, which includes extraordinary expenses for such services as witness fees and expenses, court-appointed expert witnesses, reporter fees, and costs in preparing transcripts. Trial costs shall also include all pretrials, hearings, and post-conviction proceedings, if any. "Costs incurred by the county" do not include any costs paid by the superior courts or for which the superior court is responsible.

Section 15202. Reimbursement For Expenses

- (a) A county with a population of 300,000 or less, at the time of the 1980 decennial census, that is responsible for the cost of a trial or trials or any hearing of a person for the offense of homicide may apply to the Controller for reimbursement of 90 percent of the costs incurred by the county for each homicide trial or hearing, without regard to fiscal years, in excess of the amount of money derived by the county from a tax of 0.00625 of 1 percent of the full value of property assessed for purposes of taxation within the county.
- (b)(1) A county with a population of 200,000 or less, as of January 1, 1990, which is responsible for the cost of two or more trials or hearings within a fiscal year of a person or persons for the offense of homicide may apply to the Controller for reimbursement of 90 percent of the costs incurred in a fiscal year by the county for the conduct of the first trial within a fiscal year and 85 percent of the costs incurred in a fiscal year by the county for the conduct of any and all subsequent trials or hearings in excess of the amount of money derived by the county from a tax of 0.00625 of 1 percent of the full value of property assessed for purposes of taxation within the county.
- (2) A county with a population of 200,000 or less, as of January 1, 1990, that, within a fiscal year, is reimbursed for costs incurred by the county for the conduct of only one trial or hearing pursuant to subdivision (a) shall be reimbursed for the one trial or hearing in subsequent fiscal years for costs incurred in those subsequent fiscal years without again being required to expend county funds equal to 0.00625 of 1 percent of the full value of property assessed for purposes of taxation within the county, so long as all reimbursements to the county under this paragraph are for only that one trial or hearing.

For purposes of this subdivision, in determining the costs of a homicide trial, trials, hearing, or hearings, the costs shall include, all pretrial, trial, and post-trial costs incurred in connection with the investigation, prosecution, and defense of homicide case or cases within a fiscal year, including, but not limited to, the costs incurred by the district attorney, sheriff, public defender, and witnesses, which were reasonably required by the court and participants in the case or cases, and other extraordinary costs associated with the investigation in homicide cases.

- (c) A county with a population exceeding 300,000 at the time of the 1980 decennial census that is responsible for the cost of a trial or trials or any hearing of a person for the offense of homicide may apply to the Controller for reimbursement of 80 percent of the costs incurred by the county in excess of the amount of money derived by the county from a tax of 0.00625 of 1 percent, and not in excess of the amount of money derived from a tax of 0.0125 of 1 percent, and for reimbursement of 100 percent of the costs incurred in excess of the amount of money derived from a tax of 0.0125 percent, of the full value of property assessed for purposes of taxation within the county.
- (d) A county that is eligible for reimbursement under subdivision (a), (b), or (c) shall be reimbursed for the total actual costs incurred for a homicide trial in excess of the amount of money derived by the county from a tax of 0.0125 of 1 percent of the full value of property assessed for purposes of

taxation within the county, when the cost of a trial, as defined in subdivision (a), (b), or (c), exceeds 0.0125 of 1 percent of the full value or property assessed for purposes of taxation within the county.

- (e) The Controller shall not reimburse any county for costs that exceed the standards for travel and per diem expenses set forth in Sections 700 to 715, inclusive, and Section 718 of Title 2 of the California Code of Regulations. The Controller may reimburse extraordinary costs in unusual cases if the county provides sufficient justification of the need for these expenditures. Nothing in this section shall permit the reimbursement of costs for travel in excess of 1,000 miles on any single round trip, without the prior approval of the Attorney General.
- (f) The Legislature recognizes that the conduct of trials for persons accused of homicide should not be hampered or delayed because of a lack of funds available to the counties for that purpose. While this section is intended to provide an equitable basis for determining the allocation to the state of the costs of homicide trials in any particular county, the rising costs of those trials necessitate an objective study to assure reasonable financial restraints and incentives for cost effectiveness that do not place an unreasonable burden on the treasury of the smaller counties.
- (g) This section shall remain operative only until January 1, 2005, and as of that date is repealed.

Latest Amendment: Chapter 127, Statutes of 2000, Section 12.

Section 15202. Reimbursement of Expenses

A county which is responsible for the cost of a trial or trials or any hearing of a person for the offense of homicide may apply to the Controller for reimbursement of the costs incurred by the county in excess of the amount of money derived by the county from a tax of 0.0125 of 1 percent of the full value of property assessed for purposes of taxation within the county.

The Controller shall not reimburse any county for costs that exceed the State Board of Control's standards for travel and per diem expenses. The Controller may reimburse extraordinary costs in unusual cases if the county provides sufficient justification of the need for these expenditures. Nothing in this section shall permit the reimbursement of costs for travel in excess of 1,000 miles on any single round trip, without the prior approval of the Attorney General.

This section shall become operative on January 1, 2005.

Latest amendment: Chapter 127, Statutes of 2000, Section 11.

Section 15202.1. Venue Changes From County Eligible For Reimbursement; Homicide Case; Reimbursement of Contracted Attorney's or Investigator's Costs; Application to Sierra County

(a) If the venue for trial of a homicide case has been changed from the county which is eligible for reimbursement under Section 15202 to a location more than 60 miles from the county seat of that county, and the district attorney of that county has entered into a contract with an attorney to try the case or an investigator to assist in the trial of the case, the Controller shall reimburse the county for the actual costs of the attorney or investigator under this section, at an hourly rate not to exceed the hourly rate charged state agencies by the Attorney General for similar attorney services or investigators, without further showing of justification. Nothing in this section shall permit the reimbursement of costs for travel in excess of 1,000 miles on any single round trip, without the prior approval of the Attorney General.

(b)(1) This section shall apply to any homicide cases in which a final judgment was entered prior to January 1, 1990.

(2) The limitation provided in this subdivision shall not apply to Sierra County. Instead, the County of Sierra may apply to the Controller for reimbursement pursuant to subdivision (a) for its costs incident to the prosecution of the homicide trial of People v. Corjasso.

Section 15203. Determination by State Controller; payment

If the county meets the conditions described in Section 15202 and applies to the State Controller for reimbursement pursuant to that section, and the State Controller determines that the reimbursement meets the provisions of Section 15201, the State Controller shall request the Director of Finance to include any amounts necessary to fulfill the purposes of Section 15202 annually in a request for deficiency appropriation in augmentation of the emergency fund.

Section 15204. Rules and Regulations

The State Controller may establish rules and regulations to carry out the purposes of this chapter.

TITLE 2. Administration

Division 2. Financial Operations

Chapter 2. State Controller

Subchapter 2.5. Rules and Regulations to Administer Reimbursements to Counties for the Cost of Homicide Trials

Article 1. General

1020.2. Audits

All costs claimed pursuant to Government Code Sections 15202 and 15203 may be periodically reviewed by the State Controller to insure that on their face such claims meet the requirements of Government Code Section 15201. Costs eligible for reimbursement must be reasonable and necessary costs incurred by the county as a result of the criminal proceeding which would not have been incurred but for the trial, and do not include normal salaries, overhead, and other expenses, unless otherwise provided in Government Code 15202(b). At the conclusion of the trial, the State Controller may conduct an audit of selected claims, as he deems necessary.

Article 2. Costs Eligible for Reimbursement

1021.1. Court Costs

- (a) The costs incurred as a result of judges sitting under assignment including travel, board, and lodging may be reimbursed. See Government Code Section 68540(a), Government Code Section 68542, and Title 2, California Code of Regulations, Sections 700 through 715 and Section 718.
- (b) Reporter's fees may be reimbursed in accordance with Government Code Sections 69947 through 69952. In counties where an ordinance prescribes the official reporters fee rate, the county may be reimbursed at the rate prescribed in the ordinance.
- (c) County costs incurred for extra judicial assistance provided to a one-judge court, in order to allow the conduct of that court's normal workload when its only judge is presiding at the trial of a case eligible for reimbursement under Government Code Section 15201, may be reimbursed.

1021.2. Jury Costs

- (a) Fees and mileage may be reimbursed within the limits set forth in Penal Code Section 1143.
- (b) Room and board for sequestered jurors may be reimbursed in accordance with Penal Code Section 1136. The court order sequestering the jury must be retained for audit examination.

1021.3. Witness Fees and Expenses

- (a) Where allowed by the Court, subpoenaed witness fees and expenses may be reimbursed at rates or amounts determined pursuant to Penal Code Section 1329. The pertinent subpoena and the court order must be retained for audit examination.
- (b) County costs for expert witnesses appointed by the court pursuant to Evidence Code Section 730 may be reimbursable. The court orders appointing such expert witnesses and establishing compensation for same, must be retained for audit examination.

1021.4. Legal Expenses (Prosecution and Defense)

- (a) Normal salaries and benefits for county employees are not reimbursable unless otherwise

provided in Government Code Section 15202(b); overtime and fringe benefits actually paid for regular county employees may be reimbursable if such overtime is directly attributable to the case. The necessity, duration, and extent of the overtime must be fully explained and authorized by the appropriate supervisor in writing, and must be documented in accordance with written county personnel policies. Overtime documentation must be retained for audit examination.

- (b) Assigned counsel fees, costs, or expenses may be reimbursable if such fees, costs or expenses are consistent with the provision of Penal Code Section 987.2.
- (c) With the exception of county employees, all attorneys and their support personnel must have a written contract indicating the rate of compensation, including that for trial work, overtime, costs, and expenses. The contract with non-county personnel shall specify the fee or rate of pay, and the treatment of overtime if applicable. Overtime will be as defined by the individual counties. County costs incurred pursuant to such contracts may be reimbursable.
- (d) In order to be considered for reimbursement, charges for the services of outside contractors, including court appointed attorneys, must be supportable through adequate timekeeping records. Time charged must be approved by the appropriate contract supervisor or county official. Records maintained for billing purposes by court appointed attorneys, investigators, consultants, experts, and others shall be made available to the SCO, upon request, for examination. Such records will be reviewed to determine the reliability of timekeeping records submitted to the county.
- (e) To be eligible for reimbursement, fees for court appointed attorneys, consultants, and experts, etc., must be determined by the trial judge. Reimbursement shall exceed neither the customary fees allowed by the courts for services in capital cases nor any fee limitation imposed by statute.

1021.5. Investigation Expenses (Prosecution and Defense)

- (a) Investigation costs of the district attorney, public defender, sheriff and court-appointed attorney or attorneys may be reimbursable. As provided in Government Code Section 15201, normal salaries and expenses incurred by the county are not reimbursable unless otherwise provided in Government Code Section 15202(b).
- (b) The trial judge must determine a reasonable rate of compensation for investigators used by the prosecution and/or defense in order for such compensation to be eligible for reimbursement. Rates may be based on the prevailing rate in capital cases. Reimbursement shall be subject to any limitation imposed by statute.
- (c) Specific documentation requirements for investigation expenses are provided in Section 1021.4.

1021.6. Travel Expenses

- (a) Travel expenses for mileage, room and board, and per diem, may be reimbursable in accordance with written county policy, but may not exceed rates outlined in Title 2, California Code of Regulations, Sections 700 through 715 and Section 718.
- (b) To be reimbursed for out-of-state and/or foreign travel costs, the county shall, to the extent possible, obtain from the trial judge a determination whether the contemplated trip is necessary and reasonable. The county shall obtain the determination prior to the travel.
- (c) Travel beginning before Monday, and/or ending after Friday, must be justified in writing.
- (d) Documentation supporting travel and per diem expenses shall be in accordance with county policy; provided such policy substantially conforms to Title 2, California Code of Regulations, Sections 700 through 715 and Section 718. If county documentation requirements do not

substantially conform to the California Code of Regulations, then the county shall, to the extent possible, retain documentation which substantially conforms to Title 2, California Code of Regulations, Sections 700 through 715 and Section 718.

1021.7. Sheriff Costs

- (a) All costs of security, over and above regular personnel costs, may be reimbursable.
- (b) Costs for temporary personnel hired specifically to fill in for peace officers used in court security may be reimbursable. Courthouse security costs, over and above regular personnel costs, may be reimbursable.
- (c) In a change of venue, "all costs," as defined in Penal Code Section 1037, may be reimbursed.

1021.8. Reimbursable Miscellaneous Costs

- (a) The cost of equipment rentals and/or purchases may be reimbursed if the following conditions are met:
 - (1) To be reimbursable, rental costs must be incurred solely because of the trial. Rental contracts must be retained for examination. The Controller's Office requires that, whenever possible, lease/rental-purchase agreements be used. The Controller's Office will not reimburse for equipment rental costs which exceed the original purchase price and the normal finance charge.
 - (2) The county's normal procurement procedures may be used for reimbursable equipment purchases. The county must obtain Controller's approval before purchasing any equipment for which the county will seek reimbursement. Reimbursements for equipment purchases will be made on a pro rata basis. Proration will be determined by comparing the total monthly usage to the estimated useful life of the equipment. Whenever possible, IRS Publication 534, "Depreciation Tables," will be used as an independent guideline to establish estimated useful life.
 - (3) Every three months the county shall submit to the SCO an up to date inventory. That inventory may include items purchased and/or rented for which reimbursement has, or will be claimed. At a minimum, the inventory shall include:
 - (A) a general description of the item purchased and/or rented;
 - (B) amount of purchase and/or rental charge to date;
 - (C) name of vendor;
 - (D) location of item purchased and/or rented.
- (b) Building improvements or construction must be ordered by the court as necessary security measures in order to be considered for reimbursement by the state. Such building improvements and/or construction costs may be reimbursed on a pro rata cost basis. The ratio of the number of months that the building improvement or construction is used during the proceedings to the estimated useful life may be used in determining pro rata cost.
- (c) Reporter files and transcript costs may be reimbursed at the rates set forth in Government Code Section 69947 to 69950. Invoices presented for payment must include the number of pages of transcript and folio count per page used in determining total folio count.

(1) The following definitions are applicable:

- (A) A transcription is a record of testimony before the court;
- (B) Words will be counted on a number of sample pages of transcript to determine average folio count per page. That average will be extended to the total number of pages;
- (C) A folio is defined as 100 words, phrases, or characters;
- (D) Examples of material included in folio count are:
 - 1. Contractions count as two words, i.e., the word "can't" counts as two words;
 - 2. Numerals each count as a word i.e., "May 5, 1979" counts as six words;
 - 3. Alpha numeric phrases count as one word for each character, i.e., "AR 317.5 G" counts as seven words;
 - 4. Speaker identification is included, i.e., "Mr. Jones," "the witness," "the court," "Q," "A." (Eight words shown);
 - 5. Hyphenated words count as two words, i.e., "home-owned" counts as two words;
 - 6. The date and time stated at the beginning of each session is included in the folio count;
 - 7. Abbreviations are counted as if the words were written out, i.e., "Mr.," "Dr.," "Sgt.," "U.S.A." (Six words shown).
- (E) Examples of material not included in folio count are:
 - 1. Title page;
 - 2. Indexes to witnesses, exhibits, etc.;
 - 3. Reporter's certification page;
 - 4. Reporter's commentary on events in courtroom that are not part of testimony;
 - 5. Reporter's description of exhibits that are not part of testimony;
 - 6. Page numbers.

Article 3. Costs Not Eligible for Reimbursement

1022.1. Confidential Costs

Costs which the defense or prosecution may consider confidential shall not be submitted to the Controller for reimbursement **until confidentiality is no longer an issue.**

1022.2. Other Costs

Other costs which are not reimbursable include, but are not limited to:

- (a) Administrative and countywide indirect overhead costs (except in those cases where it can be identified that additional support services were required due to the trial);

- (b) Accounting services;
- (c) Amortization;
- (d) Auditing service, unless such costs directly relate to the trial. Prior to incurring such costs, the County Auditor-Controller should obtain approval from the SCO;
- (e) Bailiff (except as provided in Section 1021.7);
- (f) Bond premiums;
- (g) Books (e.g., standard legal reference sets, law books, or periodicals);
- (h) Budgeting services;
- (i) Business services;
- (j) Clerk of the Court;
- (k) Construction (e.g., capital expenditures, security or restraint fixtures) unless ordered by the court and pursuant to provisions of Section 1021.8(b);
- (l) Depreciation;
- (m) Employee relocation;
- (n) Insurance (e.g., liability, fire);
- (o) Landscaping;
- (p) Memberships;
- (q) Organization development;
- (r) Research of a general nature. Research directly related to the trial is reimbursable;
- (s) Search and apprehension of escaped defendants;
- (t) Subscriptions (e.g., magazines, newspapers) ;
- (u) Support of central services divisions;
- (v) Use allowance (e.g., use of county owned facilities);
- (w) Unpaid overtime to employees;
- (x) Unpaid employer's share of staff benefits.

Article 4. Miscellaneous

1023.1. Documentation

Any cost claimed for reimbursement must be supported by adequate documentation and be readily traceable through county records and books of accounts.

1023.2. Costs Ordered by the Court

Costs incurred pursuant to a court order must be supported by sufficient documentation for the Controller to determine whether the costs are directly related to the trial, and whether they are reasonable and necessary.

1023.3. Forms

Costs claimed for state reimbursement shall be filed on forms prescribed or approved by the State Controller's Office.

1023.4. Other Reimbursement

Any cost reimbursable from another source shall not be reimbursed under Government Code Section 15202.

1023.5. Filing

Counties shall submit claims periodically, pursuant to an agreement between the county and the State Controller, but not less frequently than quarterly.